

DANE COUNTY ZONING & LAND REGULATION COMMITTEE

REMOTE MEETING APPLICANT REGISTRATION FORM

Applicants for a rezoning petition must fill out this form prior to participating in a remote meeting of the zoning committee. IMPORTANT: please download and save this form and then fill out using Adobe Reader. You may also print out the form and fill it in by hand.

Please submit completed forms by email at your earliest convenience. Attach your completed form to an email and send to: lane.roger@countyofdane.com.

DATE of Meeting: November 9, 2021

Your Name: Donald Viney

Your Mailing Address: 2093 US Highway 12-18 Cottage Grove, WI 53527

Your Phone #: 608-628-4653

Zoning Petition/CUP#: 11710

Your Email Address: viney.marilyn@gmail.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

- Wish to Speak in Support (checkbox)
I Understand and Accept the Recommended Conditions (checkbox checked)
Wish to Register in Support (checkbox checked)
I Do Not Understand and/or Accept the Recommended Conditions (checkbox)
Available for Information (checkbox checked)

Please use the space below to provide a brief summary of any comments, concerns, or observations you would like to share with the ZLR Committee regarding the proposal.

[Empty rectangular box for comments]

NOTE: THIS MEETING REGISTRATION FORM IS ONLY FOR APPLICANTS OR THEIR AGENTS!

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DATE of Meeting: 11/9/21

Your Name: John Becker

Your Mailing Address: 4508 Buckley rd.

Deforest, wi

Your Phone #: 608-8438355

Zoning Petition/CUP#: 11720

Your Email Address: jfbecker@sbcglobal.net

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

Wish to Speak in Support

I Understand and Accept the Recommended Conditions

Wish to Register in Support

I Do Not Understand and/or Accept the Recommended Conditions

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DATE of Meeting: 11/9/21

Your Name: Daniel Paulson, Paulson & Associates, LLC

Your Mailing Address: 136 W. Houlm Street

DeForest, WI 53532

Your Phone #: (608) 220-2056

Zoning Petition/CUP#: 11720

Your Email Address: Dan@PaulsonLLC.net

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

Wish to Speak in Support

I Understand and Accept the Recommended Conditions

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DATE of Meeting: 11/9/21

Your Name: Barret Van Sicklen

Your Mailing Address: 2 East Mifflin Street

Suite 600

Your Phone #: 6082529386

Zoning Petition/CUP#: CUP 2533

Your Email Address: bvv@dewittllp.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

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I am attorney for the applicant and able to speak or answer any questions regarding the CUP.

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DATE of Meeting: 11/9/21

Your Name: Gerard Xavier

Your Mailing Address: 2116 Peaceful Valley Pkway

Waunakee, WI 53597

Your Phone #: 608-658-5097

Zoning Petition/CUP#: 2536

Your Email Address: gvxxavier@charter.net

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

Wish to Speak in Support

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The 7 night minimum stay and 180 day consecutive days in a calendar year requirements are economically injurious to short-term rental operators.

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DATE of Meeting: Nov 9th, 2021

Your Name: STACEY BEAN

Your Mailing Address: 3070 HIDDEN VIEW TER

VERONA, WI 53593

Your Phone #: 608-577-6683

Zoning Petition/CUP#: 02539

Your Email Address: sbean.m@gmail.com

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

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DATE of Meeting: 11/9/21

Your Name: CINDY CUTRANO

Your Mailing Address: 300 US HWY 12 & 18

CAMBRIDGE WI 53523

Your Phone #: 608-423-4307

Zoning Petition/CUP#:

Your Email Address: subaruheaven@charter.net

Please check all appropriate boxes below to indicate your interest in addressing the ZLR Committee and, if applicable, your acceptance of any town and/or staff recommended conditions of approval on the proposal.

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